



**Matching Grants**  
Report to The Rotary Foundation

*The Rotary Foundation*  
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The primary partner Rotary clubs/districts must submit Progress Reports every twelve months during project implementation. The Final Report is due two months after completing the project.

**Project Information**

Matching Grant Number 53403 Project Country Nigeria

Progress report  Final report Reporting Period from 1.7.2005 to 30.6.2006

Host Partner Rotary Club: \_\_\_\_\_ District: 9120

International Partner Rotary Club: RC Weissenburg District: 1950

**Project Narrative**

1. Briefly describe the project.

**a. What were your original objectives?**

To develop prevention and treatment strategies for obstetric fistulae in Northern Nigeria by

- aa) education of the public by advocacy and awareness campaigns to political, traditional and religious leaders, people in villages and markets, universities and schools,
- bb) disseminating a radio serial by the Radio broadcasting companies in Kano and Kaduna States,
- cc) creating training centers for fistula repair with the involvement of doctors and nurses to repair fistulae.  
This will afford training of doctors, nurses, midwives, TBAs and CHEWS.  
It will also involve donation of hospital equipment for Fistula repair and C.S.
- dd) Rehabilitation and reintegration of cured patients with micro credit and training in manual work.

**b. What was actually accomplished?**

- aa) When the project started officially on 1<sup>st</sup> of July 2005 the personnel structure of the project was created and the project personnel hired.  
The result of the structuring is demonstrated in attachment 1. (Organogram)
- bb) The offices were equipped and necessary project vehicles purchased.
- cc) A long series of public awareness and advocacy visits to political, traditional and religious leaders from top to down has been done.  
Beginning in July 2005 visits were paid to the Federal Ministry of health, the various State Ministries in Kano and Kaduna State and to the Emirs of Zaria and Kano as well as to the NTA (Nigerian Television Agency) and

several Radio corporations.

Interviews explaining the goal of the Project have been broadcasted.

Attachment 2 (Visit Emir and NTA)

All Local Government Authorities in Kano and Kaduna State have been visited and briefed about the structure and the purpose of the project.

dd) In January 2006 a stakeholder meeting has been organized in Kaduna.

On 31 January all stakeholders dealing with the VVF-issue joined in this meeting to share their experiences and find out areas of cooperation.

In attendance were representatives from the Federal Ministry of Health, the State Ministries of Health and of Women affairs as well as His Excellency the executive Governor of Kaduna State, representatives of various NGO like UNFPA, WHO, COMPASS, GHON etc. and last but not least the Rotarians of both State Committees of Kano and Kaduna State, representatives of the German Rotary Project Team and the representative of the Austrian partners who was accompanied by a TV-Team of the Austrian Television Agency. The event including a lot of valuable information about the project has been broadcasted in Austria in February 2006.

ee) In Kaduna State the Rotary National Project Committee was invited by the State Ministry of Women affairs to participate and give its input in two major events:

- The International Women's day on 7<sup>th</sup> to 8<sup>th</sup> March, 2006 and
- A follow up activity from 5<sup>th</sup> until 13<sup>th</sup> June, 2006, to six focal communities in three LGAs in Kaduna State.

During these two occasions the Rotary project achieved a big publicity all over Kaduna State.

ff) PMC (Public Media Center), Nigerian branch, developed a radio serial after performing a formative investigation, hosting of a dissemination workshop and an in-depth training for production personnel.

The production personnel were extensively trained in the Sabido methodology for creating and producing long running radio serial dramas that are both enter-training and educative.

Broadcasting of the program began on June 4, 2006, in both Kano and Kaduna State.

gg) In Hajiya Gambo Sawaba General Hospital in Zaria, Kaduna State, the Kaduna Government upon Rotary's intervention built a brand new operating theatre for the purpose of Fistula repair.

This operating theatre has been equipped by the project and since April 2006 it is functioning.

Dr.Kees Waaldijk, the Chief consultant in VVF matters both to the Nigerian Government and to the project commended the equipment as "the best he has seen" in all hospitals where he is doing fistula repair.

hh) Three sets of trainees (1 doctor and 2 nurses each) have been trained in fistula repair and postoperative care, all of them based in Zaria, Kofan Gayan. The fistula hospital in Kano State is yet to be refurbished and equipped.

ii) Quality of obstetrical service is related to the structure of the hospitals – operating theatre including operating table, equipment for operations, staffing, etc. (*quality of structure*), to the quality of service provided by doctors, midwives and nurses (*quality of process*) and evaluated by the condition of mother and child after delivery (*quality of*

outcome). That is why the first step was to conduct a baseline study to evaluate the quality of structure of hospitals in Kaduna and Kano which perform deliveries and to learn the distribution of these hospitals in both states. In addition it was of interest to get information on the distribution of Health facilities of the different levels of healthcare. A questionnaire was used and distributed by fieldworkers to get this information. At present the picture of the hospital landscape in Kano and Kaduna State is incomplete, as only 50% of the questionnaires have been returned. The picture will be enriched by adding more hospitals in the near future to get a complete information about this issue.

**c. When and where did the project take place, and who were the beneficiaries?**

The Project started officially on 1 July, 2005, and is scheduled for a duration of at least three years until 30 June, 2008.

The Project area is Kano State and Kaduna State in Northern Nigeria.  
(see attachment.)

The VVF-hospitals are **Hajiya Gambo Sawaba General Hospital in Kofan Gayan**, Zaria, Kaduna State and according the recommendation of the Hon. Commissioner of Health of Kano State in this area the **General Hospital Wudil** will be chosen as VVF-Centre.

We expect both the fistula hospitals also being hospitals for the improvement of obstetric care by the project.

In Kofan Gayan a newly renovated antenatal clinic will soon start working.

The labor ward needs upgrading.

In Wudil the obstetric ward will also be included in the project. Moreover the surrounding hospitals Gaya, Takai and Sumaila asked for assistance in improvement of obstetric equipment.

Until now beneficiaries are all women with obstetric fistulae being repaired in Kofan Gayan since April 2006, the number amounting to 16.

40 more are on a waiting list.

The number of women who have been made aware of the proper way to attend antenatal care and look for skilled assistance in delivery is several hundreds.

Due to their newly acquired knowledge many of them will avoid to suffer from obstetric fistula.

**2. Scope change. If the project was changed, how and why was it changed?**

Compared with the first intention of the project reflected by the MG application **the overall goal has not been changed:**

Improvement of Maternal Health , Prevention and Treatment of Obstetric Fistulae in Northern Nigeria.

In detail there is a **change in the approach** to achieve this goal. We first focused very much on creating fistula centers and performing as much repairs as possible. After discussion with WHO and UNFPD as well as with the Nigerian Federal Ministry of Health we decided to chose a **holistic approach**.

This means to take in consideration all aspects of cultural, religious and socio- medical kind which have an influence on maternal health with particular consideration of maternal and fetal morbidity and mortality connected to pregnancy and delivery.

More detailed explanation will give you my letter to Katherine Moore from 2 May, 2006. (The whole letter you find in the attachment).

Here the essentials:

- The shift of funds from repair surgery to advocacy and public awareness campaigns to strengthen the prevention aspect.
- Choosing two VVF-repair hospitals instead of four but support and upgrade up to 8 obstetric departments by training their staff and providing equipment to enable them to deliver CEOC (comprehensive emergency obstetric care) to their clients.

Compared with our spending plan which reflects the schedule of our planned Project activities ***in some areas we are behind*** the schedule:

- Only a minor part of the budget for equipment of VVF-Centers and obstetric units could be spent due to the fact that Wudil is not yet ready to host the VVF-ward and the obstetric departments have not yet all been definitely appointed. We expect this to happen within the next two months.
- Training of Midwives, Traditional birth attendants and CHEWS could not yet commence.

The reason is that both the Nigerian Federal Government and the State Ministries ask for an officially approved training curriculum before the training can start. This training curriculum has to be provided by our Medical advisor, Prof. Oladapo Shittu or by one of the cooperating NGOs like UNFPA or even the Nigerian Federal Ministry of Health itself. We will closely follow up this issue and give you report in due time.

Also GHON, the Grasroot Health Organization of Nigeria will be contacted in this matter again.

## **Rotarian Involvement and Oversight**

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### **3. How did Rotarians manage and oversee the project?**

As you can see in the organogram of the project both States, Kano State and Kaduna State have own project committees. These Committees are guided by the National Project Chairman, PDG Dr.Kola Owoka, who himself is responsible to the National Central Project Committee which is made of all Governors of District 9120 from the beginning of the Project until it will be completed, the former RI World President Jonathan Majiyagbe and the Senior Advisor PDG Prof. Dolapo Lufadeju. In addition one member is Dr.Stephen Kitchener, the National Chairman of the former 3-H-Project "Child Spacing, Family Health and AIDS-Education" as this previous project is the ground the new one is built upon and both projects are linked together.

The State Committees meet once a month, the Nigerian National Committee will meet 3-6 monthly.

The Project Treasurer is responsible to the Non Rotarian Chartered Accountant David Olaleye, an independent and also by RDG and the German Government approved accountant who is employed with the big Company Akintola Deloitte in Kaduna/Lagos.

He is an experienced accountant who already oversaw the previous 3-H-Project.

**4. How many Rotarians from the host partner club participated in the project?**

50

As it is a Project of District 9120 there are involved many Rotary Clubs in Kano and Kaduna State, not only one.

Every Club in the project area in both states have one or two Rotarians representing the club and giving back information to the clubs.

Rotaractors in Kano, Zaria and Kaduna are also actively involved in the project. The number of Rotarians involved in the project might amount up to 26 besides the core team of 24 Rotarians reflected in the organogram.

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**5. In what way did the host Rotarians participate in the project? Please list all non-financial involvement.**

Host Rotarians are spending their time and efforts to participate in as much activities as possible. Main activities in the first year were awareness and advocacy visits to political, traditional and religious leaders at all levels to convince them of the necessity to tackle the scourge of VVF in Nigeria and ask for their support.

In Kaduna State Rotarians were involved in above mentioned activities at the International Women's Day and its follow up.

In both States Rotarians organized workshops to educate Rotaractors to enable them to serve as peers in their Schools and Universities and create awareness in the young generation.

Rotarians collect lists of necessary equipment from both the VVF-hospitals and the obstetric departments, ask for quotations and decide in cooperation with their German/Austrian partners which kind of equipment will be bought.

Rotarians made a presentation at the District Conference of District 9120 in Jos to make the project known to all Rotarians of the whole District.

They also are in close contact with the local and countrywide Newspapers and Television Agencies to bring the issue in the minds of all Nigerians.

According the requirements of TRF there are sent copies of all bills and receipts quarterly to Germany to be checked by the German controller of the project team to ascertain the proper use of funds. So all expenses are double checked both by the Nigerian chartered accountant and by the German controller as well as by the German/Austrian Project Team.

Host Rotarians also contributed to the research work and production of the radio serials. They prepare a microcredit project for rehabilitation of repaired patients.

More important activities like the Stakeholder meeting in Kaduna have already been mentioned above in the narrative part of the Report.

**6. How many Rotarians from the international partner club participated in the project?**

10

Around 10 Rotarians from different Clubs and different Districts in Germany and Austria are active in promoting the project.

More than 20 Clubs in 8 Districts in Germany and Austria contribute funds to the Project.



## Financial Statement

Currency Used: EURO Exchange Rate: 0,81 € = 1 USD

### 11. Income

Sources of Income	Currency	Amount
1. TRF Matching Grant Award and Contributions (German and Nigerian)	EURO	176.713,70
2. Other Income (identify): BMZ (German Government)	EURO	140.074,00
3. Other Income (identify): Aventis Foundation and IAMANEH	EURO	171.254,00
4. Interest Income (if any):		
<b>Total Income:</b>	EURO	488.041,70

### 12. Expenses (add rows as needed) 1.7.2005 – 30.6.2006

Budget Items	Budget #	Currency	Amount
1. Investment	5.1.1	€	80.850,00
2. Operational Expenses	5.1.2.1	€	131.266,00
3. Training	5.1.2.2	€	6362,00
4. Maintenance, Office, Consulting	5.1.2.6 – 5.1.2.10 (not TRF-funded)	€	13.873,00
5. Staff	5.1.3	€	10.392,00
6. Reserve + Admin. Costs	5.1.6 – 5.1.7	€	9.207,00
Bank-Charges and exchange fees	see bank statements		
<b>Total Expenses</b> until 30.06.06:			<b>251.950,00</b>

**13. Bank Statement** - A bank statement that supports the above statement of income and expenses must be attached to this report.

### Important – please read:

- For final reports, if there is less than US\$200 remaining, please spend it on eligible items. If there is more than US\$200 remaining, it must be returned to The Rotary Foundation. [Note: In India, government rules require that all unutilized funds be returned to the Rotary International South Asia Office.]
- For grant awards over US\$25,000, attach an Independent Financial Review to each progress report and the final report.
- Keep all original receipts for at least three years, or longer if required by local law. Do not send receipts to TRF unless requested by staff.
- If your project involves a revolving loan fund you will need to visit the Rotary website at: 'www.rotary.org' to download the Report Supplement for Revolving Loan Grants.

**14. Certifying Signature** – Either the Host or International Partner must certify the report. If the grant is club sponsored the current club president must certify the report and if the grant is district-sponsored the district grants subcommittee chair must certify the report.

By signing this report, I confirm to the best of my knowledge that these Matching Grant funds were spent according to Trustee-approved guidelines and that all of the information contained herein is true and accurate. Original receipts for all expenses incurred will be kept on file for at least three years, or longer if required by local law, in case they are needed for auditing purposes.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Rotary Title: \_\_\_\_\_ Club: \_\_\_\_\_ District: \_\_\_\_\_

In our effort to improve our grant program, we'd appreciate your feedback on the following questions:

**A. Rotary Impact –select all that apply**

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- |                          |     |   |
|--------------------------|-----|---|
| <input type="checkbox"/> | yes | Our club or district's international Rotary connections are stronger as a result of this project. |
| <input type="checkbox"/> | no  | Club membership has increased as a result of this project.  |
| <input type="checkbox"/> | yes | Visibility of Rotary in our community has increased.  |
| <input type="checkbox"/> | no  | Our club's awareness of the needs in our community has increased.                                 |
| <input type="checkbox"/> | no  | Volunteer activity in our club or district has expanded.  |
| <input type="checkbox"/> | yes | Our club or district is more active in pursuing Foundation grants and Rotary programs.            |
| <input type="checkbox"/> | yes | Awareness of the needs in our community has increased among Rotarians in other countries.         |
| <input type="checkbox"/> | -   | Participation in this Matching Grant has not changed our club or district in any significant way. |

**B. Project Sustainability – select all that apply**

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- |                          |         |  |
|--------------------------|---------|--|
| <input type="checkbox"/> | yes     | The project will continue to function without Foundation funds. Later than 2008  |
| <input type="checkbox"/> | yes     | Equipment purchased with grant funds is being maintained with local materials and expertise.                                     |
| <input type="checkbox"/> | yes     | If training was a component of the project, trainees are using their knowledge and skills.                                       |
| <input type="checkbox"/> | not yet | This project has provided community members with the skills, knowledge, or institutions that will allow them to help themselves. |
| <input type="checkbox"/> | no      | The community has initiated additional projects related to the same or similar problems.   |
| <input type="checkbox"/> |         | <b>The project is not yet completed.</b>   |

**C. Suggestions**

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Given your experience, do you have suggestions to improve the Matching Grants program?

If your project clearly demonstrates Rotarian involvement and is worthy of publication, please complete an RI Newstip Form, available on the RI website at [http://www.rotary.org/newsroom/downloadcenter/pdfs/mg\\_newstip.pdf](http://www.rotary.org/newsroom/downloadcenter/pdfs/mg_newstip.pdf)

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**Report Checklist**

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**Does your report include the following?**

- |                          |     |   |
|--------------------------|-----|---|
| <input type="checkbox"/> | yes | Time period of reporting  |
| <input type="checkbox"/> | yes | How and what the project accomplished   |
| <input type="checkbox"/> | yes | Rotarian participation, oversight and management  |
| <input type="checkbox"/> | yes | Rotary impact   |
| <input type="checkbox"/> | yes | Itemized report of income and expenses  |
| <input type="checkbox"/> | yes | A bank statement  |
| <input type="checkbox"/> | yes | Certifying signature  |
| <input type="checkbox"/> | x   | Independent Financial Review for grant awards of US\$25,001 or more <b>follows soon</b> |

**Have you done the following?**

- |                          |      |   |
|--------------------------|------|---|
| <input type="checkbox"/> | yes  | Made copies of the report for both the host and international partner                                 |
| <input type="checkbox"/> | n.a. | Returned surplus funds over US\$200 (except in India where all unutilized funds must be returned)     |
| <input type="checkbox"/> | yes  | Made a file to store the report and receipt copies for three years or longer if required by local law |